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CONFIRMATION NO. 3064

SERIAL NUMBER 10/807,492	FILING DATE 03/23/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 12873/04788
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APPLICANTS

Howard Loewenthal, Hinckley, OH;

NOM

** CONTINUING DATA *****

NOM

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	10	17	7
Verified and Acknowledged	Examiner's Signature <i>M</i>	Initials			

ADDRESS

24024
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TITLE

Platform for adjustable height bed

FILING FEE RECEIVED 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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